



Date: _____

ADDRESS CHANGE REQUEST FORM

Property Location: _____

Current Mailing Address: _____

New Mailing Address: _____

Effective Date: _____

Which of the following do you want mailed to your NEW address? Check all that apply.

☐ Real Estate Bills ☐ Personal Property Bills ☐ Sewer Bills

For Water Bills: Please contact the Great Barrington Fire District,
17 East Street, Great Barrington, MA 01230 Phone: 413-528-0133

Request made by: (please print) _____

Telephone number: _____

Signature of person requesting change: _____

Name of Record Owner: (please print) _____

Signature of Record Owner: _____

We do not make temporary address changes for seasonal residents.

Please contact the post office for mail forwarding services.